

In a mechanical way, sugar has also been found to cause trouble in these cases. This is due, in all probability, to the increased growth of fermentative bacteria in the upper intestine and possibly an added inflammation of the duodenum. Starch, however, because of its slower liberation, does not cause this danger to the same extent.

Constipation or diarrhoea are encountered. The latter is due to the secondary intestinal indigestion following before the stagnation and decomposition of the fats, with the resultant irritation of the mucus membrane.

The etiology is to a certain extent obscure, but on account of the sudden onset, usually with fever, an infectious origin is to be suspected. The possibility of a relation to the spirochaetal jaundice of Weil is now being considered. The usual theory is one of blocking due to more or less inflammation and swelling of the common duct generally secondary to inflammation in the duodenum, which in turn may be a sequela of a single gastritis, or the whole may be the result of an indigestion or infection and irritation from some deteriorated or toxin bearing food.

The treatment consists in an original catharsis usually with calomel, alkalies for their dissolving action on mucus, no food for twenty-four hours, then broths, junket, skimmed milk, beef juice, white of egg, toast, etc., in a strictly fat free, sugar free diet. Confinement to bed during the acute period, warmth to the abdomen, and frequent baths are recommended. The addition of fats must be made slowly when convalescence has begun.

In regard to catharsis, calomel has always been the drug of choice, the oily purgatives being judged harmful on account of their fat content. It has been recently demonstrated, however, that calomel, phenolphthalein, etc., cause an active irritation of the urinary and digestive tract, evidenced frequently by blood in the urine and feces. It is therefore a question whether one of the bland laxatives such as cascara would not be preferable.

It is wise to begin with lean meat and simple cereals, followed by orange juice and green vegetables. It is advised to "always wait longer than seems necessary before increasing the diet."

The danger of fat is readily seen when reference is made to the role of bile in the metabolism of fat. This is evidenced by the great preponderance of the soaps in the stools. The presence and amount of urobilinogen (Ehrlich's Test) in the stool serves as a ready clue to the degree of block and as a guide to the progress of the case.

In accordance with these principles, this patient was confined to bed for a period of ten days, with a primary purgation by means of calomel and restriction to a fat free, approximately sugar free diet. By that time the stools were showing coloring matter, and the urine had practically cleared of bile. The diet was then gradually enlarged to include meats, cereals and vegetables, and the patient was allowed out of bed for increasing periods each day, until after two and one-half weeks' residence he was up most of the time. The jaundice faded very slowly, but had practically disappeared on discharge, one month after entry, although the liver was still palpable three centimeters below the costal border. At no time was a temperature recorded, since his entrance was two weeks after the onset of symptoms and the acute stage had passed. This slow clearing of the skin, and diminution in size of the liver is usually encountered in these cases, although subjectively the patient feels perfectly well.

The patient's teeth were placed in a healthy condition, and an adeno-tonsillectomy performed, thus removing at least two foci of infection.

He was discharged in good condition, on a practically normal diet, with all symptoms and signs of the acute condition regressing satisfactorily.

State Board of Medical Examiners

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